



66376-365-7

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) PATENT
Falko SKRABAL *et al.*) GROUP: 3735
Serial No.: 10/551,189) EXAMINER: NANITHITHADHA, N.
Filed: September 29, 2005) CONFIRMATION NO. 1869
DEVICE AND METHOD FOR THE) CUSTOMER NO. 25269
CONTINUOUS NON-INVASIVE
MEASUREMENT OF BLOOD PRESSURE

* * * * *

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

August 30, 2007

Sir:

The inventors herewith submit copies of U.S. Patent No. 5,025,792 (counterpart of DE 3632592), U. S Patent No. 5,048,533 (counterpart of DE 3829456), U.S. Patent No. 6,669,648 (counterpart of AT 408066).

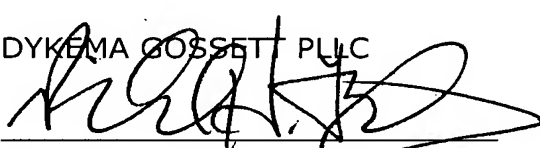
Also submitted are English abstracts of DE 3935939 and EP 0377554.

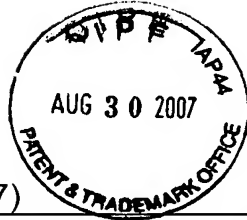
The government filing of (\$180.00) should be charged to Deposit Account No. 04-2223.

Respectfully submitted,

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By:


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Sheet 1 of 1

INFORMATION DISCLOSURE STATEMENT Form PTO-1449 (Use several sheets if necessary)				ATTY. DOCKET NO. 66376-365		SERIAL NO. 10/551,189		
				APPLICANT Falko SKRABAL <i>et al.</i>				
				FILING DATE September 29, 2005		GROUP 3735		
U.S. PATENT DOCUMENTS								
EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB CLASS	FILING DATE IF APPROPRIATE	
		5025792	6/1991	HON <i>et al.</i>				
		5048533	9/1991	MUZ				
		6669648	12/2003	FORTIN <i>et al.</i>				
U.S. PATENT APPLICATION PUBLICATIONS								
EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB CLASS	FILING DATE IF APPROPRIATE	
FOREIGN PATENT DOCUMENTS								
		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUB CLASS	TRANSLATION	
							YES	NO
OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.)								
		English Abstract of DE 3935939						
		English Abstract of EP 0377554						
EXAMINER					DATE CONSIDERED			
Examiner: Initial if citation considered, whether or not citation is in conformance with M.P.E.P. 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.								